

Name
in
Full

Margaret Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Park Hall* *St Marys* County **MARYLAND**

Date of death *1907 Oct 16* Age *50* Months Days

Sex *Female* Color or Race *Col* Birth-place *MD*

Occupation *Domestic* Where Residing if not at place of death *Wm H. Brown*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Wm H. Brown*

Father's Name *Don't know* Father's Birthplace *—*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving information *John Brown* How related to deceased *friend*

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *3 years*

Immediate *Exhaustion* How long *one month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. Lloyd*

Address *Paddy*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah D. Liza Combs -

Town *Drapac* County *St Mary's*

Died at *Drapac*

Date of death *1907 Oct 7* Age *59* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *St Mary's Co.*

Occupation *Housewife* Where Residing if not at place of death *Drayden*

Married, ~~S~~ *Widow* Name of ~~Wife~~ *Husband* *Martin L. Combs*

Father's Name *Edward Fankhauser* Father's Birthplace *St Mary's Co.*

Mother's Maiden Name *Jane Norris* Mother's Birthplace *St Mary's Co.*

Name of person giving information *Brother* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *How long*

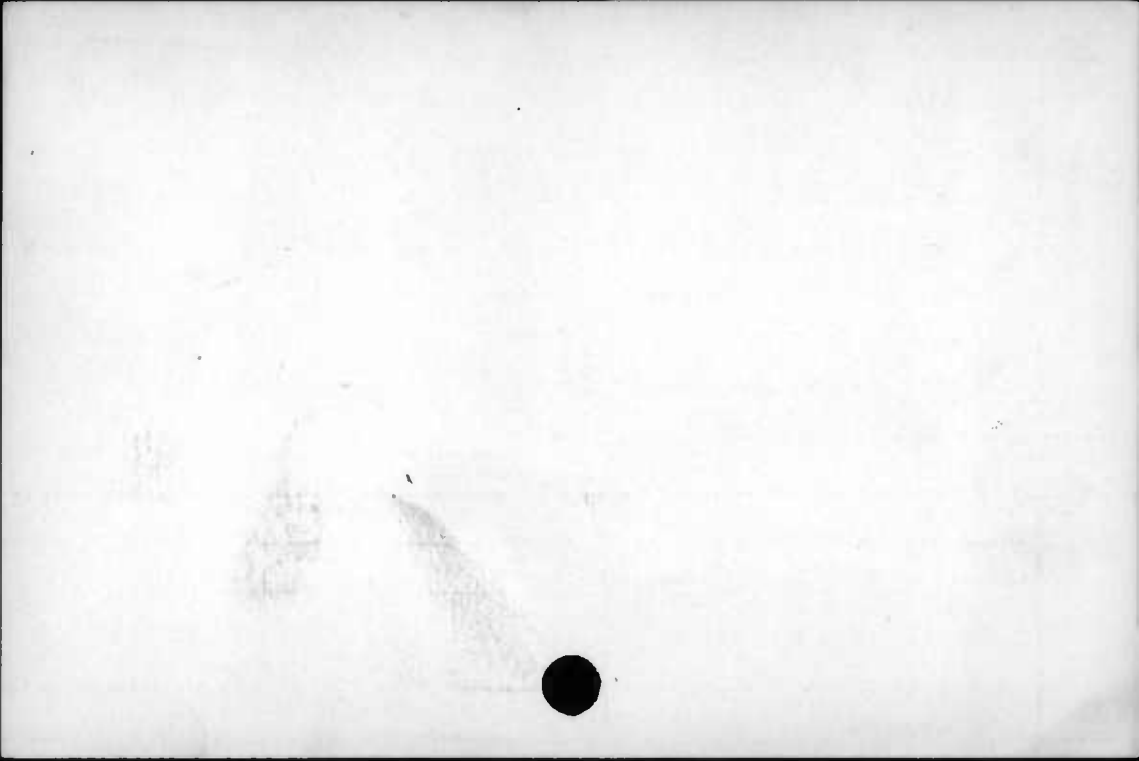
Immediate *Typhoid Fever* *How long 10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Henry Richard Smith*

Address *Great Mills, Md.*

Accident or Suicide?



Name
in
Full

Walter Ferro-Gardwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>California</i> Town		<i>St Mary's</i> County		MARYLAND	
Date of death	1907	Month	Oct -	Day	27
Age		19		Years	
Sex	male		Color or Race	white	
Occupation	farmer		Birth-place	St Marys Co -	
Where Residing if not at place of death		St Marys Co -			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Charles J Gardwin		Father's Birthplace	
Mother's Maiden Name		Maria Stewart		Mother's Birthplace	
Name of person giving information		sister		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

①

Typhoid fever

three weeks

yes

Henry Richardson M.D.

Great Mills.

St Mary's Co - Md.



Name
in
Full

Mrs. Ann L. Obel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seventeenth</i>		Town <i>St Marys</i>		County		MARYLAND	
Date of death <i>1907 Oct</i>		Month <i>25</i>		Day <i>76</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St Marys Co</i>		Months	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Ignatius Heil</i>					
Father's Name <i>Ignatius Heil</i>		Father's Birthplace <i>St Marys Co</i>					
Mother's Maiden Name <i>Ann L. Sluoy</i>		Mother's Birthplace <i>St Marys</i>					
Name of person giving information <i>for A Heil</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Chronic Enteritis</i>	How long <i>10 months</i>
Immediate <i>Prostration</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. L. Quirk</i>
	Address <i>Seventeenth</i>
Accident or Suicide?	<i>and</i>

11



Name
in
Full

May Indiana Holly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

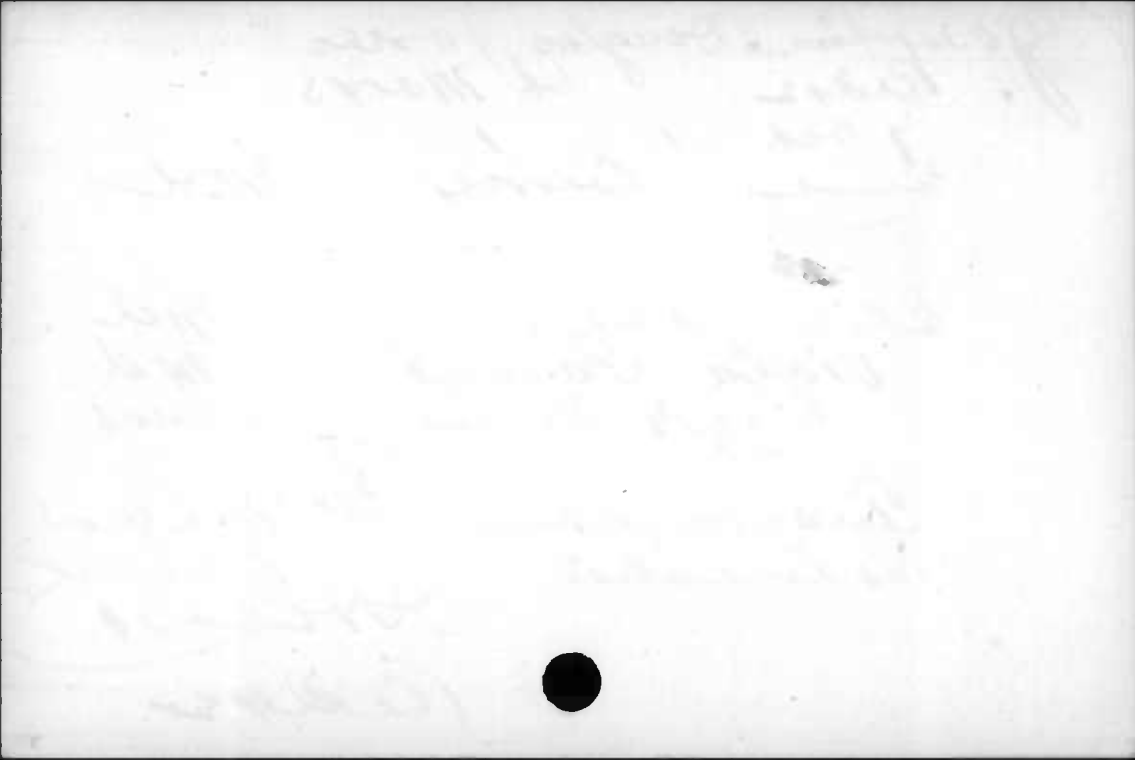
Died at <i>Dynard</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death 1907		Month 10	Day 19	Age 23	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>und</i>			
Occupation <i>None</i>				Where Reading if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Henry Holly</i>				Father's Birthplace <i>und</i>			
Mother's Maiden Name <i>Cecilia Butler</i>				Mother's Birthplace <i>und</i>			
Name of person giving information <i>Cecilia Butler</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long
Immediate <i>Convulsions</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Roll. W. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>und.</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Ridge* Town*St Marys* CountyDate of death *1907 Oct*

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*Colored*Birth-
place*md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Elie Jones*Father's
Birthplace*md*Mother's
Maiden Name*Viola Forest*Mother's
Birthplace*md*Name of person giving
In formation*Lizzie's Forest*How related
to deceased*Aunt*

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

One year

Immediate

Exhaustion

How long

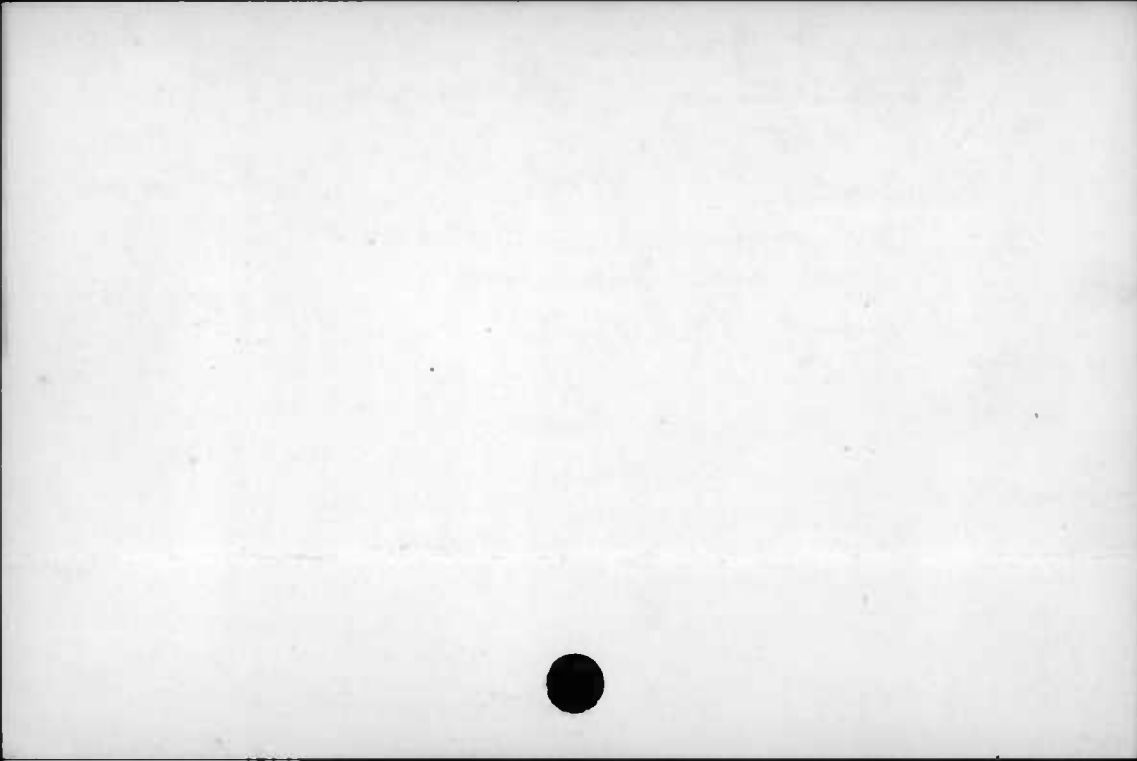
*One week*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. H. Lewis**Ridge*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Many & Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

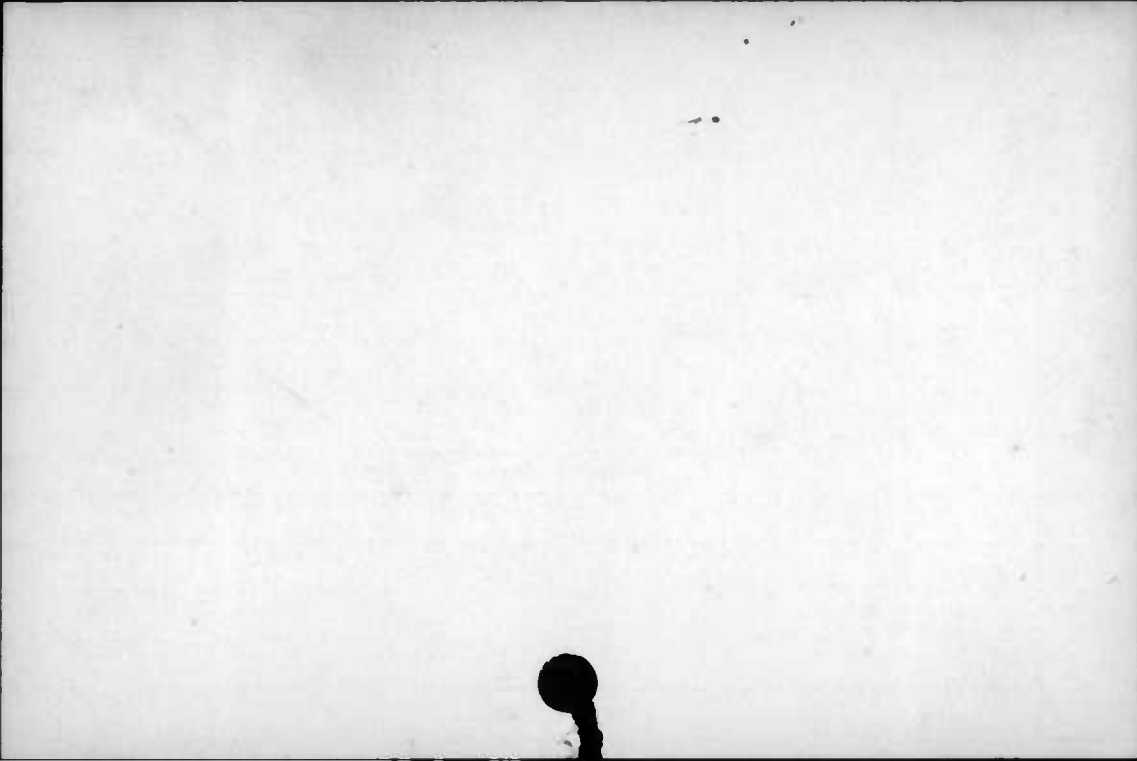
Died at <u>Lebanon</u> ^{Town}		<u>Harrison</u> ^{County}		MARYLAND	
Date of death 190 <u>7</u>	Month <u>Oct</u>	Day <u>28</u>	Age <u>74</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harrison</u>			
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Mr. M. Jones</u>					
Father's Name <u>Sint, M. Jones</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Angie Jones</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Aortic Insufficiency</u>	How long <u>18 months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos. L. Smith</u>
	Address <u>Lebanon</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

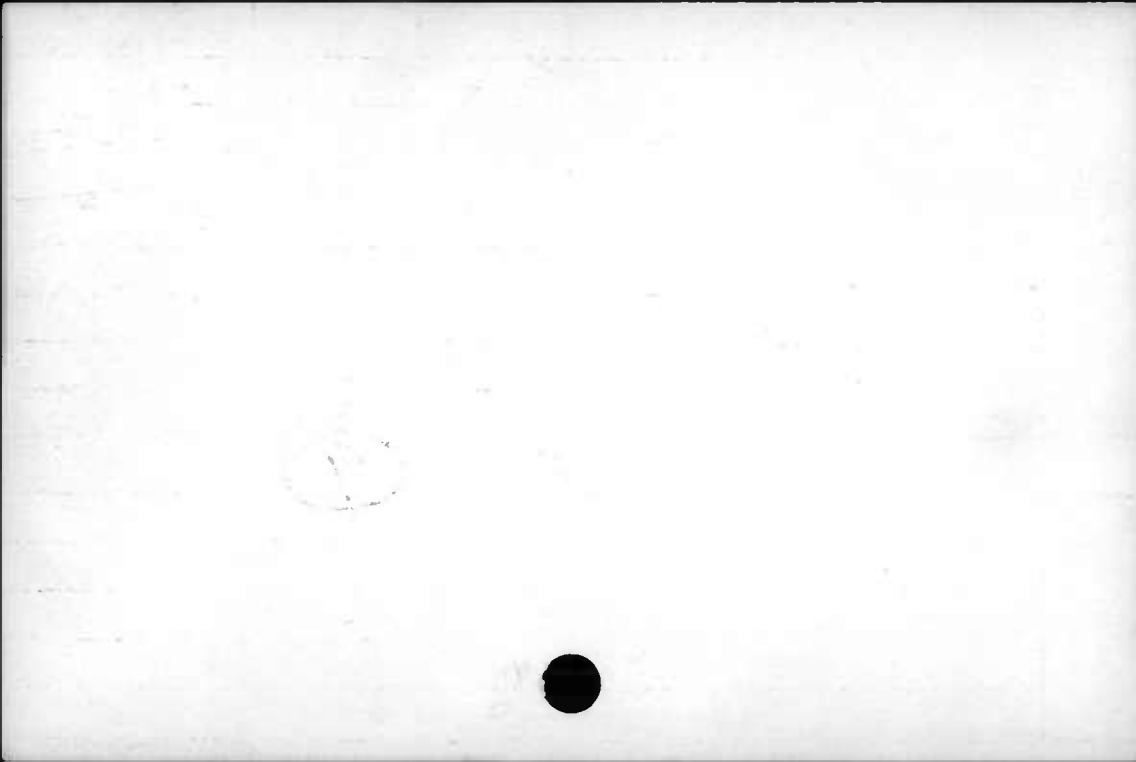
Name in Full <i>Harry Mattingley</i>		Town <i>Quantico</i>		County <i>St Marys</i>		State MARYLAND	
Died at <i>Quantico</i>		Month <i>Oct</i>		Day <i>14</i>		Age <i>31</i>	
Date of death <i>1907</i>		Months <i>14</i>		Years <i>31</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>St Marys</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph M Mattingley</i>				Father's Birthplace <i>St Marys</i>			
Mother's Maiden Name <i>Julian Abell</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>H. F. Greenwell</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Membranous Tonsillitis</i>	How long <i>4 days</i>
Immediate <i>Meningitis</i>	How long <i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Greenwell</i>
	Address <i>Levensworth</i>
Accident or Suicide? <i>—</i>	<i>Not</i>



Name
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Full

Mamie Mattingly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

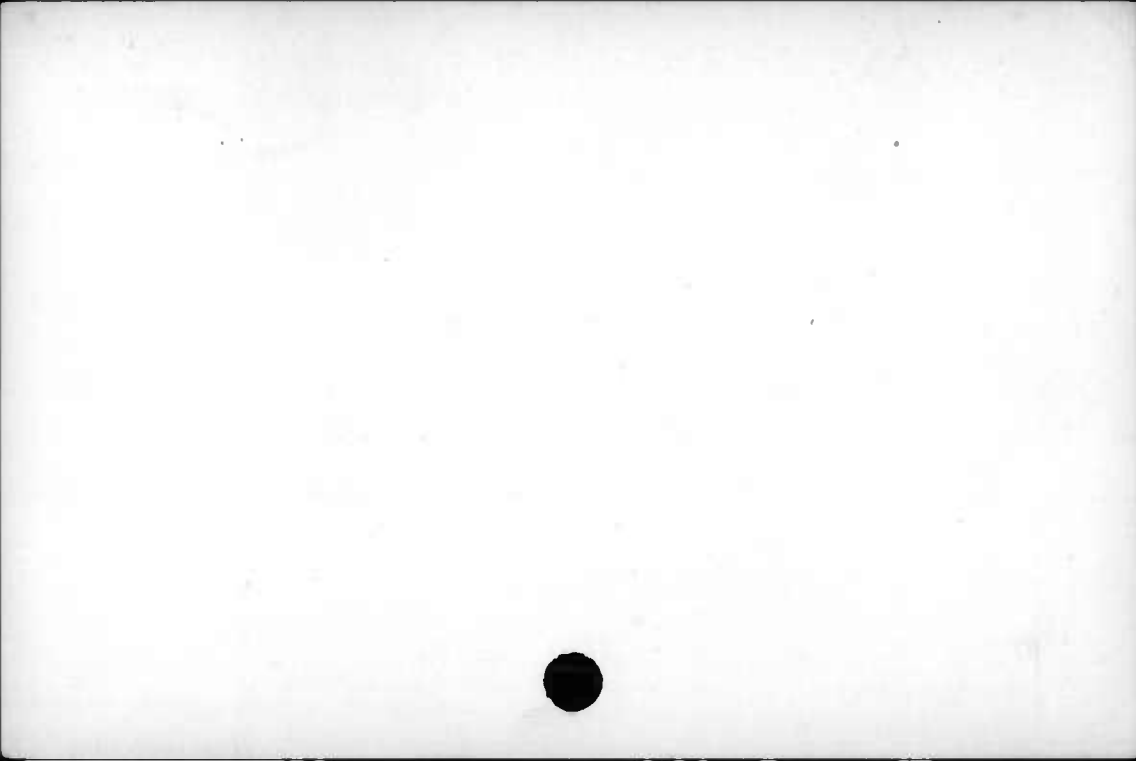
Died at <i>Abels</i> <small>Town</small>		<i>St. Mary's</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>18</i>	Age <i>—</i>	Months <i>8</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>und</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence Mattingly</i>			Father's Birthplace <i>und</i>		
Mother's Maiden Name <i>Blanche Vallandigham</i>			Mother's Birthplace <i>und</i>		
Name of person giving information <i>Clarence Mattingly</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Diarrhea</i>	How long <i>3 weeks</i>
Immediate <i>Tuberculous meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. H. V. Palmer</i>
	Address <i>Palmer's</i>
Accident or Suicide?	<i>und</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riversprings</i>		Town <i>St. Mary's</i>		County	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>16</i>	Age <i>20</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robert Inade</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Josephine Pilkenton</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Edward Inade</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3rd day's</i>
Immediate <i>Pneumonia</i>	How long <i>2 day's</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind</i>

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hurry</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>27</u>	Age <u>2</u>	Years <u>6</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Coloured</u>	Birth-place <u>incl</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Hilery Thomas</u>			Father's Birthplace <u>incl</u>		
Mother's Maiden Name <u>Annie Young</u>			Mother's Birthplace <u>incl</u>		
Name of person giving information <u>Hilery Thomas</u>			How related to deceased <u>Half brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burning</u>	How long <u>2 1/2 hours</u>
Immediate <u>" "</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robert Palmer</u>
	Address <u>Palmer</u>
Accident or Suicide? <u>Accident</u>	<u>incl</u>

